

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037-1153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00375360

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer

Carlton G. Davids

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		71359.29
(b) Cash on Hand at Beginning of Reporting Period.....	44298.63	
(c) Total Receipts (from Line 19) .....	21734.23	308157.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66032.86	379517.07
7. Total Disbursements (from Line 31) .....	559.34	314043.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65473.52	65473.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18204.95

250029.74

(ii) Unitemized .....

2943.75

44515.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

21148.70

294545.42

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

21148.70

294545.42

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

585.53

13612.36

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

21734.23

308157.78

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

21734.23

308157.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	559.34	13523.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	559.34	13523.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	298000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2520.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2520.08
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	559.34	314043.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	559.34	314043.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	21148.70	294545.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2520.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21148.70	292025.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	559.34	13523.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	585.53	13612.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-26.19	-88.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Juan M. Aranda Jr., M.D.,**

Mailing Address 356 Turkey Crk

City

Alachua

State

FL

Zip Code

32615-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shands at the University of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

08 / 25 / 2013

Transaction ID : 48758CD8D3A35A13772A

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Anita M. Arnold D.O., F.A.**

Mailing Address 1417 Lakeland Hills Blvd

City

Lakeland

State

FL

Zip Code

33805-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Associates of Polk County

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

08 / 21 / 2013

Transaction ID : 47172C20C715B252F7A

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Agustus Alexander Beck M.D., F.A.**

Mailing Address 1955 Coventry Rd

City

Cleveland Heights

State

OH

Zip Code

44118-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Cardiovascular Consultants

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 31 / 2013

Transaction ID : EED28049E7459F21955

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1823.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 7 OF 30  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vivek J. Bhaktaram M.B.B.S.,

Mailing Address 709 Shadow Wood Dr

City

Edmond

State

OK

Zip Code

73034-7063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	3

Transaction ID : 34ED66D7D3E50F71DD6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cathleen Biga R.N.

Mailing Address 900 S Frontage Rd  
Ste 325

City

Woodridge

State

IL

Zip Code

60517-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Management of Illinois

Occupation

ADMINISTRATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	3

Transaction ID : 47E5BE5B4E126B21A677

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. William J. Bommer M.D., F.A.

Mailing Address 4860 Y St  
Ste 2820

City

Sacramento

State

CA

Zip Code

95817-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Davis, Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	3

Transaction ID : 442C86DC999A0B0A1AEE

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ▶

416.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Alfred A. Bove M.D., Ph.D**

Mailing Address 110 Anton Rd

City

Wynnewood

State

PA

Zip Code

19096-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2013

Transaction ID : 4F9593CBA4EC5D12C26B

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Joseph G. Cacchione M.D., F.A.**

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2013

Transaction ID : 4CEAA3535D62A312FBD4

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Peter J. Chaille M.D., F.A.**

Mailing Address 427 Chestnut Forest Cv

City

Fort Wayne

State

IN

Zip Code

46814-8926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2013

Transaction ID : 40C9AB2F70C528CA671A

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

266.66

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hollace D. Chastain II, M.D.,**

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 29 / 2013

Transaction ID : 4D1C9D40DB552F5B27C2

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Richard A. Chazal M.D., F.A.**

Mailing Address 671 N Town and River Dr

City

Fort Myers

State

FL

Zip Code

33919-5931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 07 / 2013

Transaction ID : 4811971BEB670A4B1FA4

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Bernard A. Clark III, M.D.,**

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Hospital and Medical Cente

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 29 / 2013

Transaction ID : 4AEF86D4AB75EF573BE9

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

233.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Georg J. Couturier M.D., F.A.**

Mailing Address 5502 Grove Mnr

City

Lady Lake

State

FL

Zip Code

32159-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2013

Transaction ID : 1D9285F919FE2289EE0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. George H. Crossley III, M.D.,**

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

08 / 25 / 2013

Transaction ID : 4524A364E11C9B007CC4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patrick J. Curran M.D., F.A.**

Mailing Address 14 Annawamscutt Rd

City

Barrington

State

RI

Zip Code

02806-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2013

Transaction ID : AF896EAC7D57F036E41

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy A. Dewhurst M.D., F.A.**

Mailing Address 5620 W Mercer Way

City

Mercer Island

State

WA

Zip Code

98040-4841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 25 / 2013

**Transaction ID : 46268875EEDB7E26633D**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Arthur Lee Eberly III, M.D.,**

Mailing Address PO Box 8795

City

Greenville

State

SC

Zip Code

29604-8795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

08 / 25 / 2013

**Transaction ID : 4B0CBC6E9792A4B520A1**

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**C. Peter J. Epstein M.D., F.A.**

Mailing Address 3 Clover Dr

City

Great Neck

State

NY

Zip Code

11021-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brookdale Hospital Medical Ctr

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2013

**Transaction ID : D8C9C61B2B400C685BB**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

559.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blair D. Erb Jr., M.D.,**

Mailing Address 905 Highland Blvd  
Ste 4330

City Bozeman State MT Zip Code 59715-6901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Consultants, P.A.

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1751.72

Date of Receipt

08 / 25 / 2013

**Transaction ID : 499DA6B1CC5C81D60755**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. David M. Evans M.D., F.A.**

Mailing Address 130 Ashlei Ln

City Searcy State AR Zip Code 72143-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Clinic Arkansas

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : 48FB8687C6BADDDB5420**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. James W. Fasules M.D., F.A.**

Mailing Address 2718 Stephenson Ln NW

City Washington State DC Zip Code 20015-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American College of Cardiology

Occupation  
PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 25 / 2013

**Transaction ID : 4801A054C94D0D4CE1D6**

Amount of Each Receipt this Period

166.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

475.01

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 13 OF 30  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Kevin Fitzpatrick PA-C**

Mailing Address 2400 N St NW

Heart House

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American College of Cardiology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2013

Transaction ID : 46D68ECA5EAC7B30E848

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Michael F. Gilson M.D., F.A.**

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2013

Transaction ID : 4477A974D9AA9E291F8F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Prospero B. Gogo Jr., M.D.,**

Mailing Address 111 Colchester Ave

McLure 1 Cardiology

City

Burlington

State

VT

Zip Code

05401-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Vermont School of Medici

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : 4FBE88B4C25ADDC3D651

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

266.68

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert E. Hobbs M.D., F.A.**

Mailing Address 2713 Dryden Rd

City	State	Zip Code
Shaker Heights	OH	44122-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2013

**Transaction ID : 4491BCF8B90720A98C44**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. David R. Holmes Jr., M.D.,**

Mailing Address 1122 21st St NE

City	State	Zip Code
Rochester	MN	55906-4059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2013

**Transaction ID : 46A8BFF2829D7FD1397A**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Daniel J. Humiston M.D., F.A.**

Mailing Address 1928 Maple Hollow Way

City	State	Zip Code
Bountiful	UT	84010-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah Cardiology, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.31

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	12	/	2013

**Transaction ID : 48AF839B9E77998A0A5C**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

375.01

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Pamela A. Ivey M.D., F.A.**

Mailing Address 52 Quail Run Rd

City

Henderson

State

NV

Zip Code

89014-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Consultants of Nevada

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2013

Transaction ID : 4F0B81BF017AD0472865

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Zev Jacobson M.D., F.A.**Mailing Address 34th St. and Civic Center Boulevard  
Division of Cardiology -- 8th Floor

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital Cardiology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2013

Transaction ID : 2AD57048-14E9-40EB-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jerry D. Kennett M.D., M.A.**

Mailing Address 4614 Copperstone Ct

City

Columbia

State

MO

Zip Code

65203-1696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Cardiovascular Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2013

Transaction ID : 4DC79260F1388F11662F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

833.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven E. Kornberg M.D., F.A.**

Mailing Address 10 E New York Ave  
Ste 2

City Somers Point State NJ Zip Code 08244-2367

FEC ID number of contributing federal political committee.

C

Name of Employer

Shore Heart Consultants, LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 18 / 2013

Transaction ID : 41F7A3C848CEA59040D6

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Smadar Kort M.D., F.A.**

Mailing Address 65 Mimosa Dr

City Roslyn State NY Zip Code 11576-2215

FEC ID number of contributing federal political committee.

C

Name of Employer

Stony Brook University Medical Center

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 25 / 2013

Transaction ID : 4BBAA6E9411EB38EA897

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Gilead I. Lancaster M.D., F.A.**

Mailing Address 15 Mine Hill Rd

City Redding State CT Zip Code 06896-2701

FEC ID number of contributing federal political committee.

C

Name of Employer

Bridgeport Hospital Dept of Echo

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

08 / 01 / 2013

Transaction ID : 41858B156709158EFC2B

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

208.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas J. Lewandowski M.D., F.A.**

Mailing Address 113 Limekiln Dr

City

Neenah

State

WI

Zip Code

54956-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Appleton Cardiology ThedaCare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

08 / 25 / 2013

Transaction ID : 479DBC2FE41F2D1AAC9E

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Sandra J. Lewis M.D., F.A.**

Mailing Address 5342 SW Hewett Blvd

City

Portland

State

OR

Zip Code

97221-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NW Cardiovascular Institute

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

08 / 25 / 2013

Transaction ID : 41089FEB9AE1A908ACF9

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Kathleen E. Magness M.D., F.A.**

Mailing Address 3014 Hollow Rd

City

Malvern

State

PA

Zip Code

19355-8660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinical Care Associates/ PMA Medical

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2013

Transaction ID : A07BAF96D58C7F6FC9C

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

791.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 18 OF 30  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alberto E. Montalvo M.D., F.A.

Mailing Address 5928 Riverview Blvd

City

Bradenton

State

FL

Zip Code

34209-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bradenton Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	3

Transaction ID : 108E5FB7A2A61856801

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Carlos Eduardo Morales M.D., F.A.

Mailing Address 1801 S 5th St  
Ste 130

City

McAllen

State

TX

Zip Code

78503-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Consltns of McAllen PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	3

Transaction ID : 8B407267FE769A1A6CA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marc A. Mugmon M.D., F.A.

Mailing Address 7193 Collingwood Ct

City

Elkridge

State

MD

Zip Code

21075-5548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chesapeake CardioVascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	3

Transaction ID : 481F94EAA878431BFAD2

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1333.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. John I. Nwogu M.B.B.S.,

Mailing Address 157 Canadian Pass

City  
OxfordState  
ALZip Code  
36203-3995FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Clinic of Anniston

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2013

Transaction ID : 4BD2E4BA729A5F36731

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Roger C. On M.D., F.A.

Mailing Address 4215 Stern Ave

City

Sherman Oaks

State

CA

Zip Code

91423-4226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2013

Transaction ID : 47423091-6AC9-4B00-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Richard F. Otten M.D., F.A.

Mailing Address 1819 Carew St

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Wayne Cardiology Corporation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2013

Transaction ID : E4D4D495-3D94-419C-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vaughn W. Payne M.D., F.A.**

Mailing Address 145 Hager Ln

City

Staffordsville

State

KY

Zip Code

41256-9144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2013

**Transaction ID : 4633B52EEAF583B3115D**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Neal S. Perlmuter M.D., F.A.**

Mailing Address 1820 9th St W

City

Kirkland

State

WA

Zip Code

98033-4837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2013

**Transaction ID : 48719F12B834F9DEAF35**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**C. John W. Pickrell M.D., F.A.**

Mailing Address 1909 Elkhorn Valley Dr

City

Casper

State

WY

Zip Code

82609-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wyoming CardioPulmonary

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2013

**Transaction ID : 457CB8870CC4EDDC6D1C**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Geetha Raghuveer M.B.B.S.,**

Mailing Address 5354 Mission Woods Rd

City

Shawnee Mission

State

KS

Zip Code

66205-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Mercy Hospital

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

08 / 25 / 2013

**Transaction ID : 45598DDE2CD086112DE8**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. George P. Rodgers M.D., F.A.**

Mailing Address 11673 Jollyville Rd  
Ste 205-B

City

Austin

State

TX

Zip Code

78759-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.98

Date of Receipt

08 / 23 / 2013

**Transaction ID : 499FB3FF4A494856A996**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Orlando Rodriguez M.D., F.A.**

Mailing Address 735 Ave Ponce De Leon  
Torre Medica Auxilio Mutuo

City

Hato Rey

State

PR

Zip Code

00917-5026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ORV Interventional Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 25 / 2013

**Transaction ID : 4341B1EAC80C0B72185F**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

375.01

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 22 OF 30  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S. Rumsfeld M.D., Ph.D

Mailing Address 130 S Cherry St

City

Denver

State

CO

Zip Code

80246-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denver VA Medical Center, University o

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2013

Transaction ID : 4F8C9D34E7E93DBAC4D0

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John W. Schaeffer M.D., F.A.

Mailing Address 161 Ridgeland Dr

City

Amherst

State

OH

Zip Code

44001-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Ohio Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2013

Transaction ID : 5F52FF6AFC1AFE6822D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Michael K. Schroyer RN, A.A.C.

Mailing Address 9065 Pebblepointe Cir

City

Zionsville

State

IN

Zip Code

46077-8992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Vincent Heart Center of Indiana

Occupation

ADMINISTRATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

588.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2013

Transaction ID : 4FD68755F102FE2BDD68

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1166.67

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John W. Shuck M.D., F.A.**

Mailing Address 1100 Forrest Ave

City  
Dover

State  
DE

Zip Code  
19904-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

08 / 25 / 2013

**Transaction ID : 49D8824B31B74A98815F**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Richard W. Snyder M.D., F.A.**

Mailing Address 5514 Yolanda Ln

City  
Dallas

State  
TX

Zip Code  
75229-6440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart Place

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 21 / 2013

**Transaction ID : 4C78A7D99B1DAC3B27E**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**c. Michael J. Springer M.D., F.A.**

Mailing Address 803 Towner Pl

City  
Louisville

State  
KY

Zip Code  
40223-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Cardiologists

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 25 / 2013

**Transaction ID : 46CE891893C16BA0B7F5**

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

2750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George Peter Stacy Jr., M.D.,**

Mailing Address 7403 Cedar Bluff Ct

City

State

Zip Code

Prospect

KY

40059-9496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2013

Transaction ID : 0E088DAD90B9864C4B1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Suma A. Thomas M.D., F.A.**

Mailing Address 7620 Old Georgetown Rd  
Apt 1214

City

State

Zip Code

Bethesda

MD

20814-6182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

08 / 25 / 2013

Transaction ID : 4AC99C7EFA5F731FE34E

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. Krishnaswami Vijayaraghavan M.B.B.S.**

Mailing Address 2817 E Ludlow Dr

City

State

Zip Code

Phoenix

AZ

85032-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

08 / 25 / 2013

Transaction ID : 4225B35204F0D905DE46

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

541.68

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Juan Villafane M.D., F.A.**

Mailing Address 1400 Willow Ave  
1205

City State Zip Code  
Louisville KY 40204-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

08 / 25 / 2013

**Transaction ID : 4148971E5B60E59A454E**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Thad F. Waites M.D., F.A.**

Mailing Address 1017 Richburg Rd

City State Zip Code  
Hattiesburg MS 39402-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

08 / 31 / 2013

**Transaction ID : 47078A4590D83AC37A8F**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**c. Howard T. Walpole Jr., M.D.,**

Mailing Address 31 Northumberland

City State Zip Code  
Nashville TN 37215-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

08 / 25 / 2013

**Transaction ID : 41CC8C531227FE6E617A**

Amount of Each Receipt this Period

416.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

708.35

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary Norine Walsh M.D., F.A.**

Mailing Address 428 W 83rd Pl

City  
IndianapolisState  
INZip Code  
46260-4905FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Vincent Heart Center of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2013

**Transaction ID : 40B5A31D9FA90CBE8DBE**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. John Jason West M.D.**

Mailing Address 3322 NW Panorama Dr

City  
BendState  
ORZip Code  
97701-5461FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bend Memorial Clinic

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2013

**Transaction ID : 498B946FC9816AA5740B**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Steven R. West M.D., F.A.**

Mailing Address 3701 S Poplar Dr

City  
ColumbusState  
INZip Code  
47201-4972FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2013

**Transaction ID : 49E7BB18A60AC951EF59**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

183.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael C. Widmer M.D., F.A.**

Mailing Address 2753 NE Red Oak Dr

City State Zip Code  
 Bend OR 97701-8348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Heart Center Cardiology

Occupation  
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 25 / 2013

**Transaction ID : 499E9D3123AC618C0E3C**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Peter M. Will M.B.B.S.,**

Mailing Address 301 S 7th Ave  
 Ste 2020

City State Zip Code  
 Reading PA 19611-1495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cardiology Associates of West Reading,

Occupation  
 ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2013

**Transaction ID : D39E61E8088F51BBAD7**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Byron R. Williams Jr., M.D.,**

Mailing Address Medical Office Tower  
 5th Floor

City State Zip Code  
 Atlanta GA 30308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2013

**Transaction ID : 8766D4D44A0334B5C86**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lambert A. Wu M.D., F.A.**

Mailing Address 1524 NW Grove Ave

City

Topeka

State

KS

Zip Code

66606-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 19 / 2013

Transaction ID : 478F96F5CC4B565BB7ED

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Don B. Ziperman M.D., F.A.**

Mailing Address 1400 N Ritter Ave  
Ste 500

City

Indianapolis

State

IN

Zip Code

46219-3051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2013

Transaction ID : 3DDC480FF1E95B10F27

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1083.34

18204.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 30  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American College of Cardiology - Admin Account**

Mailing Address P.O. Box 85024

City State Zip Code  
 Richmond VA 23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13612.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 12 2013

**Transaction ID : 2334810C0D700B09C69**

Amount of Each Receipt this Period

585.53

Reimbursement for July Amex Fees and August Merchant Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.53

585.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
August 2013 Amex Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2013

Transaction ID : VA337F72B0CFB08E9A75

Amount of Each Disbursement this Period

116.38
--------

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920

Purpose of Disbursement  
August 2013 Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2013

Transaction ID : M386CF780F7D48A0DA35

Amount of Each Disbursement this Period

442.96
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

559.34
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559.34
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